

STATE OF IDAHO
STATE CONTROLLER'S OFFICE
EMPLOYEE INFORMATION SYSTEM
SAVINGS BOND

AGENCY NAME _____

USER	ORG	SOCIAL SEC #	EMPLOYEE NAME	AGENCY	PAY LOC

1 4 7 15

TRAN CNT	TRAN DOLLARS

OWNER'S NAME, SSN, AND ADDRESS DO NOT HAVE TO BE COMPLETED UNLESS OWNER IS DIFFERENT THAN EMPLOYEE

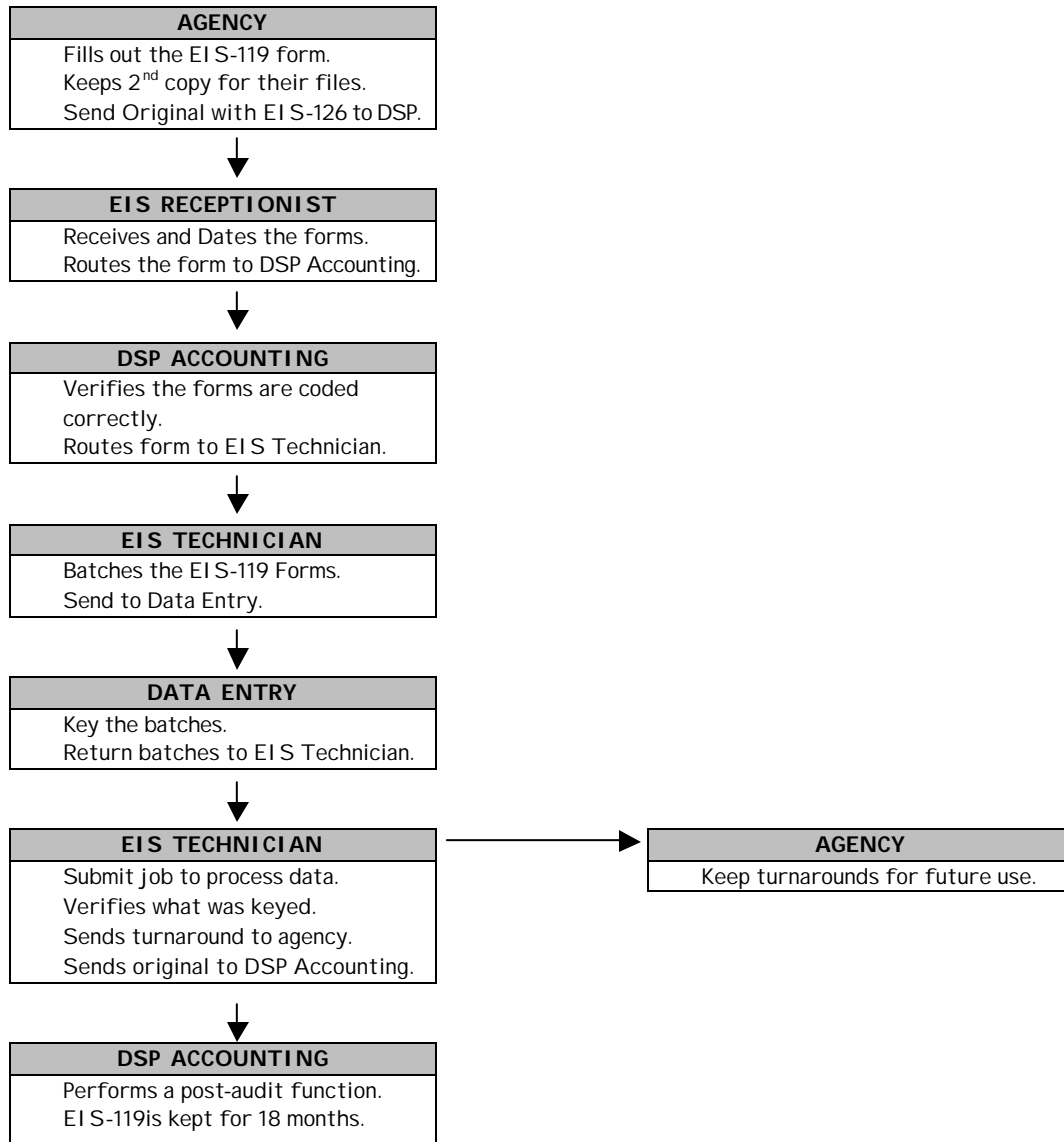
EFF DATE	Id	TRAN	C	BD#	LN	6 2 8	OWNER'S NAME (FIRST MI LAST) & GIFT INDICATOR	:	:	OWNER'S SSN			
	EI	360		601	1								
16	22	24	27	31									
						6 5 5	OWNER'S STREET ADDRESS #1	:	:	OWNER'S STREET ADDRESS #2			
						6 6 1	OWNER'S CITY	€	ST	6 6 3			
								€					
										STATE: 11 = IDAHO			
						6 5 0	CO-OWNER/ BENEF. SOC SEC #	6 5 1	CO-OWNER/ BENEF. NAME (FIRST LAST)				
							OR / POD (circle one)						
EFF DATE	Id	TRAN	C	DED	4 5 8	4 5 9	DED AMT RATE	4 6 0	APF	5 3 0	K E Y 601	5 1 1	BOND CODE
	F1	330		601									

REMARKS	PREPARED BY	DATE

EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

Flow Chart of EIS-119



EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

Purpose: The Savings Bond Form is used to establish and update savings bonds data on the employee file.

- Requirements:**
- The employee must be set-up on the employee file before a Savings Bond can be processed.
 - Changes to the owner/co-owner data (360 transaction) are made on the Savings Bond Form (EIS-119).
 - Changes to the deduction data (330 transaction) are made on the Payroll Action Turnaround (EIS-154).
 - When deleting a bond, check Savings Bond Report (A-IPA36), to make sure current balance is zero.
 - There is a limit of 5 savings bonds until further notice.

Distribution:

COPIES = 2
1ST Copy = White - Controller's Office
2nd Copy = Yellow - Agency

Complete the form and route as follows:

First copy (white) is routed to DSP, State Controller's Office with a Document Transmittal (EIS-126).

When the State Controller's Office has processed EIS-119 form, a turnaround (Payroll Action, EIS-154) will be sent to the agency.

Procedures: To establish a Savings Bond all information is required except for fields indicated as optional.

When entering information, type or write information above field length lines (tic marks).

Use red ink. Use white correction tape to correct any errors.

Do not use negatives in amount fields.

Employee name changes coded on the EIS-103 Form will post the name changes to the '360' transaction (900 sub-code) if bond was originally set up to generate from employee's record.

The Savings Bond's information on the '360' transaction will be automatically 'inactivated' when the Savings Bond's deduction code is 'inactivated' on the '330' transaction.

EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

Form Requirements

FIELD	EDIT	COMMENT
Agency Name:	The name of your agency.	Optional.
User:	The initials of person filling out the form. PLEASE PRINT	Required. Length is 3.
St. Org #:	3-digit code assigned to your agency.	Required. Length is 3.
Social Security Number:	Employee's social security number.	Required. Length is 9.
Employee Name:	Employee's first & last name for identification purposes only.	Required.
Agency / Pay Loc:	Can be 2 or 4 digits depending on how your agency is set up with DSP.	Optional.
Remarks:	Agency's comments concerning data to be processed on form. Employee signature can be signed in this area.	Required.
Prepared By:	The person who is completing the form and the date signed.	Required.

360 TRANSACTION - NAME / ADDRESS (SAVINGS BOND)

FIELD	EDIT	COMMENT
EFFECTIVE DATE	The date the owner and co-owner information is to be effective. This should be a pay period begin date. Format = MMDDYY. Refer to Calendars in Reference Section 4.15. If 330 transaction (deduction information) is also being coded for the Savings Bond, use the same Effective Date.	Required. Length is 6.
CHANGE CODE	Must be coded, use one of the following: N - New bond R - Revising bond information	Required. Length is 1.
BOND NUMBER (601/602)	Identifies each bond that an employee is establishing. The bond number is pre-printed, but needs to be overridden when coding more than 2 bonds. For example: to code bond #3 use a second savings bond form and code over '601' to be '603'. For bond #4, code over '602' to be '604'.	Pre-printed. Can Override. Length is 3.

EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

360 TRANSACTION - NAME / ADDRESS (SAVINGS BOND)

NOTE: If the **employee is the owner** of the bond, code an **X** in the Owner's Name field, **do not code the SSN and Address information**. If coded with the **X**, the Owner's information will be system generated from the employee's record.

If employee is **NOT the owner** of the bond, code **all** of the following:

For Address Change: if the bond owner is not the employee you need to complete all of the following fields: Name, SSN, Address, City, State, and Zip.

FIELD	EDIT	COMMENT
OWNER'S NAME (628)	Enter first, middle initial and last name of person designated to be the bond's owner.	Required. Length is 32.
OWNER'S SSN (633)	Enter social security number of person designated to be the bond's owner. If SSN of the bond owner is not known, enter the employee's SSN.	Required. Length is 9.
OWNER'S STREET ADDRESS #1 (655)	Enter street address of person designated to be the bond's owner.	Required. Length is 32.
OWNER'S STREET ADDRESS #2 (656)	Only enter if a second line of street address is needed.	Required. Length is 32.
OWNER'S CITY (661)	Enter City of person designated to be the bond's owner.	Required. Length is 20.
OWNER'S STATE (662)	Enter 2-digit numeric State Code of person designated to be the bond's owner. State Code for Idaho is '11'. Refer to State Codes on page 8 of this section.	Required. Length is 2.
ZIP CODE (663)	Enter 5-digit numeric zip code of person designated to be the bond's owner. *Note: At this time, only enter the first five numbers.	Required. Length is 5.

EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

360 TRANSACTION - NAME / ADDRESS (SAVINGS BOND)

FIELD	EDIT	COMMENT
CO-OWNER/ BENEFICIARY (650)	<p>This indicator will designate whether the bond indicator will have a co-owner or beneficiary. Underline or circle one of the following codes:</p> <p>OR - Co-Owner POD (paid on death) - Beneficiary</p> <p>CO-OWNER/BENEFICIARY'S SSN - Enter the social security number of person designated to be the bond's co-owner/beneficiary.</p> <p>To blank this field, place an asterisk (*) in the first position of the field.</p>	<p>Optional. Length is 3.</p> <p>Optional. Length is 9.</p>
CO-OWNER/ BENEFICIARY'S NAME (651)	<p>Enter first, middle initial and last name of person designated to be the bond's co-owner/beneficiary.</p> <p>To blank this field, place an asterisk (*) in the first position of the field.</p>	<p>Optional. Length is 32.</p>

330 TRANSACTION

DEDUCTION ADJUSTMENTS If additional payments are needed, a replacement amount for the employee's deduction can be used on an EIS-153 form (015 transaction).

FIELD	EDIT	COMMENT
EFFECTIVE DATE:	<p>The date the Savings Bond deduction is to be effective. This should be a pay period begin date. Format = MMDDYY Refer to Calendar in Reference Section, 4.15.</p>	<p>Required. Length is 6.</p>
CHANGE CODE	<p>The change code needs to be coded:</p> <p>N = New bond R = Revise bond</p> <p>Do not submit updates to Key Number and Bond Dollars.</p> <p>To stop a deduction, see Deduction Status Field (458).</p>	<p>Required. Length is 1.</p>
DEDUCTION CODE	<p>The 3-digit code identifying the savings bond deduction – 601, 602, 603, 604, and 605. This code is pre-printed, but must be overridden when coding information for an employee's bonds that are not 601 or 602. Example: For bond 603 code over the 1 in 601 with a 3.</p> <p>The Saving Bond Limit is 5.</p>	<p>Required. Pre-printed. Length is 3.</p>

EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

330 TRANSACTION

FIELD	EDIT	COMMENT
DEDUCTION STATUS (458)	For payroll purposes code: 'Y' to activate or 'N' to inactivate	Required. Length is 1.
DEDUCTION AMT/RATE (459)	Enter the purchase price or Installment amount to be deducted.	Required. Length is 7.2.

Valid Applicability Codes for Installments

Bond Code	Denomination Amount	Purchase Price	All	All	4 or 5 Only	4 Only
Installments and Price						
			1	2	3	4
100	\$ 100.00	\$ 50.00	50.00	25.00	N/A	12.50
200	\$ 200.00	\$100.00	100.00	50.00	N/A	25.00
500	\$ 500.00	\$250.00	250.00	125.00	N/A	62.50
997	\$1000.00	\$500.00	500.00	250.00	N/A	125.00

APPLICABILITY CODE (460)	Indicates which pay period(s) the savings bond deduction should be taken.	Required. Length is 1.
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- | | |
|---|---|
| 1 | 1 st Pay Period of the Month |
| 2 | 2 nd Pay Period of the Month |
| 3 | Last Pay Period of the Month |
| 4 | Every Pay Period of the Month |
| 5 | 1 st & 2 nd Pay Period of the Month |

KEY NUMBER (530)	This code is pre-printed but must be overridden when coding information for an employee's bonds that are not 601 or 602. Example: For bond 603 code over the 1 in 601 with a 3.	Required. Pre-printed. Length is 3.
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BOND CODE (511)	The Bond codes are: 100 = \$ 100 Bond 200 = \$ 200 Bond 500 = \$ 500 Bond 997 = \$1,000 Bond	Required. Length is 3
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EMPLOYEE INFORMATION SYSTEM MANUAL

SAVINGS BOND FORM EIS-119

STATE CODE is used in the Address, Tax and Earnings segments of the system.

UNITED STATES

01	-	ALABAMA	
02	-	ARIZONA	
03	-	ARKANSAS	
04	-	CALIFORNIA	
05	-	COLORADO	
06	-	CONNECTICUT	
07	-	DELAWARE	
08	-	DISTRICT OF COLUMBIA	
09	-	FLORIDA	
10	-	GEORGIA	
11	-	IDAHO	*** (DEFAULT)
12	-	ILLINOIS	
13	-	INDIANA	
14	-	IOWA	
15	-	KANSAS	
16	-	KENTUCKY	
17	-	LOUISIANA	
18	-	MAINE	
19	-	MARYLAND	
20	-	MASSACHUSETTS	
21	-	MICHIGAN	
22	-	MINNESOTA	
23	-	MISSISSIPPI	
24	-	MISSOURI	
25	-	MONTANA	
26	-	NEBRASKA	
27	-	NEVADA	
28	-	NEW HAMPSHIRE	
29	-	NEW JERSEY	
30	-	NEW MEXICO	
31		NEW YORK	
32		NORTH CAROLINA	
33		NORTH DAKOTA	
34		OHIO	
35		OKLAHOMA	
36		OREGON	
37		PENNSYLVANIA	
38		RHODE ISLAND	

UNITED STATES

39	-	SOUTH CAROLINA
40	-	SOUTH DAKOTA
41	-	TENNESSEE
42	-	TEXAS
43	-	UTAH
44	-	VERMONT
45	-	VIRGINIA
46	-	WASHINGTON
47	-	WEST VIRGINIA
48	-	WISCONSIN
49	-	WYOMING
50	-	ALASKA
51	-	HAWAII
52	-	PUERTO RICO
53	-	NEW YORK CITY

CANADA

60	-	ALBERTA
61	-	BRITISH COLUMBIA
62	-	MANITOBA
63	-	NEW BRUNSWICK
64	-	NEW FOUNDLAND
65	-	N. W. TERRITORY
66	-	NOVA SCOTIA
67	-	ONTARIO
68	-	PRINCE EDWARD ISLAND
69	-	QUEBEC
70	-	SASKATCHEWAN
71	-	YUKON

OUT OF COUNTRY

72	-	OUT OF COUNTRY
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OUT OF STATE

99	-	OUT OF STATE
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